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ABSTRACT

This paper presents some data on the relationship between the psychological maturity of adolescent women and their sexual behavior and contraceptive use. The information was collected under the coordination of the American Public Health Association in the Spring of 1975 from 269 16-, 17-, and 18-year old females. The relationship between status, sex role attitudes, and sexual liberalism was examined by three-way chi square. There were four levels of status: (1) virgins opposed to premarital intercourse, (2) virgins planning or considering premarital intercourse, (3) actives who were 15 years or younger at first intercourse, and (4) actives who were 16 years or older at first intercourse. Controlled for sexual liberalism, the sexually active woman held relatively stereotyped sex role attitudes. Virgins considering premarital intercourse scored highest on sex role integration. These virgins seemed to have more mature sex role attitudes than their sexually active peers. Chi square analysis of age (16, 17, or 18) by age at first intercourse (15- or 16+) by birth control protection (always, sometimes, or never during the three months prior to interview) showed that women who were 16 or older at first intercourse were better current contraceptors than their same-aged peers who had been 15 or younger at first intercourse. There was no relationship between current age and birth control use. (Author)

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Psychosexual Development and the Problem of Illegitimacy

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Developmental theories display impressive convergence concerning the major tasks of adolescence. Freudians, neo-Freudians, and cognitive psychologists alike emphasize the importance of the adolescent years for developing a mature sexual identity, achieving autonomy from parents and establishing an adult identity. Adolescence is also seen as a period of rapid growth in cognitive and creative capacities, as well as in social skills with same- and opposite-sex peers.

Our concern for the last two years has been with the decision of 16- and 17-year-old males and females to engage or not to engage in premarital sexual intercourse, and if sexually active, to use or not to use birth control. This paper presents some data which bear on the relationship between the psychological development or maturity of adolescent women, and their sexual behavior and contraceptive use. The data were collected under the coordination of the American Public Health Association in the Spring of 1975 from 369 females and 325 males.[1] All participants were residents of Washington, D.C., Atlanta, Georgia, or Bellingham, Washington. Approximately one third of the sample was non-white (primarily Black): 32% of the females and 40% of the males. Virtually all of the non-white participants were from the two metropolitan areas. Information was collected by an interview-questionnaire procedure which required 1 to 1 1/2 hours to complete. Participants were each paid five dollars.

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[1]Other researchers involved in the project were George Cvetkovich, (Western Washington State College), E. James Lieberman and Sarah Brown, (American Public Health Association), Paul Poppen (George Washington University), Fred Crawford (Emory University), and Warren Miller (American Institutes for Research, Palo Alto, Cal.)

These data were analyzed by a series of stepwise multiple regressions using virginity/sexual activity as the criterion variable for all women and men. Contraceptive protection during the three months prior to interview was the criterion variable for those women (N=136) and men (N=182) who had had sexual intercourse during that period. Contraceptive protection was rated as always, sometimes, or never, according to the proportion of times the female partner was protected by a contraceptive method used by the male, the female, or both. Use of any of the medical methods such as Pills, IUD, diaphragm, or condom was considered contraceptive protection. Additionally correct and consistent use of rhythm or withdrawal was considered to be contraceptive use since we were interested in assessing contraceptive behavior, not risk of pregnancy.

One interesting aspect of these data is that among males the processes influencing the decisions involving sexual intercourse and birth control use seem relatively straightforward: The related variables are understandable without recourse to developmental or personality explanations. Briefly, it seems that 16- and 17-year-old males have had intercourse unless they are opposed to premarital sex for reasons of morality or family background, or have been unable to find a willing partner. A substantial proportion of the variance of current birth control use (35%) can be accounted for by positive, responsible attitudes toward contraception. These include knowledge of the risks of unprotected coitus, perception of birth control as available and convenient, and disagreement with the idea that it is sometimes O.K. to have unprotected sex (e.g., to "prove your love" or "if no birth control method is available at the time.")

Among females the decision processes appear to be more complex. A theoretical framework within the tradition of developmental psychology may be

helpful in suggesting interpretations of these data and specific hypotheses for future investigation. The regression analysis among females indicated that sexual liberalism and sex role stereotyping were independently linearly related to sexual activity. That is, while the sexually active women held more permissive sexual attitudes than the virgins, when the variance due to sexual liberalism was controlled for, the actives' sex role attitudes were more conservative or stereotypical than those of the virgins. The actives seemed to be liberal but not liberated. The Sexual Liberalism score was the mean of nine attitude items each of which the participant rated on a 7-point scale from "strongly agree" to "strongly disagree." There were several items measuring approval of premarital intercourse under different circumstances: For a man, for a woman, if in love, even if not in love. Other items measured approval of abortion, disapproval of forced marriage in the event of premarital pregnancy, and agreement with the statement "I am easily sexually aroused." The Sex Role Attitude measure was the mean of eight attitudes toward separation or stereotyping of male and female roles. Stereotyping was indicated by disagreement with the idea that a husband and wife should spend equal time raising the children, and agreement with such items as "It is difficult for a man to spend a lot of time with his family and still be masculine," "It is difficult for a woman to have a regular job or career and still be feminine," "A woman should devote a lot of her time to satisfying her husband," and "A man should be the boss around the home." The opposite tendency might be called Sex Role Integration -- a disposition to minimize the differences between sex roles.

Clinical impressions during the interview led us to believe that rather than simply dichotomizing virgins and sexually actives, a profitable distinction could be made between virgins who did not anticipate having premarital sex and

those who were considering or planning premarital sex at some future time. Similarly, it seemed there might be important differences among sexually active women between those who had only recently become sexually active and those who had had their first sexual intercourse at a relatively younger age. Thus, we decided to take a closer look at the relationship between Status and Sex Role Attitude. The Status classification produced four groups: Twenty percent of the women were virgins who did not intend to have premarital intercourse, 40% were virgins planning or considering premarital sex, 20% were actives who were 16 years or older at the time of first intercourse, and 20% were actives who were 15 years or younger at the time of first intercourse. There was a strong relationship between Status and Sexual Liberalism: 75% of the actives scored in the liberal half on this measure, whereas only 25% of the virgins did. Therefore the relationship between Status and Sex Role Attitude was examined by a three-way chi-square technique in order to control for the effect of Sexual Liberalism. The distribution for the females on the Sexual Liberalism measure was roughly normal, so this variable was dichotomized at the midpoint, grouping approximately half of the sample (48%) as liberals (mean score between 1.00 and 4.00) and the other half (52%) as conservatives (mean score between 4.01 and 7.00). The distribution of the females on Sex Role Attitudes was quite different: Mean responses were skewed toward the Sex Role Integration end of the scale. The effective range of the distribution was from 4.00 (neutral) to 7.00 (strong role integration). Therefore, the cutoff points for this variable were set at 4.00 (27% of the sample), 5.00 (41% of the sample), 6.00 (21% of the sample), and 7.00 (11% of the sample).

The chi-square analysis confirmed and clarified the results of the regression analysis. As in the earlier analysis, when Sexual Liberalism was controlled for, virgins scored higher than actives on Sex Role Integration. The chi-square

analysis, however, showed this relationship to be entirely due to the effect of the virgins who were planning or considering premarital sex. In contrast, the virgins who never intended to have premarital sex held the most stereotyped sex role attitudes. The responses for the sexually active women fell between the two groups of virgins, but were closer to the virgins never planning premarital sex, i.e., more stereotyped. Among the sexually active, there was no significant difference in sex role attitudes between women who had had first sexual intercourse at age 15 or younger and those who had waited until they were 16 or older. Differences between sites were also examined, and although the women from the D.C. area held generally less stereotyped attitudes toward sex roles, the pattern of relationships between Status, Sex Role Attitudes, and Sexual Liberalism was the same in D.C. as for the other two sites. To summarize, within each site, as well as for Blacks and Whites separately, there was the consistent finding that, controlled for Sexual Liberalism, virgins planning or considering premarital sex scored highest on our measure of Sex Role Integration.

An obvious question is: Why do the "sexually liberal" women, who have already experienced sexual intercourse, hold more stereotyped sex role attitudes than the virgins who have not ruled out premarital intercourse? If sex role integration, as developmental theory suggests, can be accurately viewed as a developmental achievement superseding as earlier phase of sex role stereotyping, then these data imply that these virgins are more mature, in this sense, than their sexually active counterparts.

We did not find a significant difference in Sex Role Integration between women who experienced first intercourse at age 15 or younger, and those who were 16 or older at first intercourse (although the tendency was for women in the 15 and younger group to hold more stereotyped attitudes.) Analysis of current

contraceptive use, however, revealed an important difference between these two groups of women. Protection, by either the woman or her partner, during the three months prior to interview was rated as always, sometimes, or never. Of the 136 women who had had intercourse during that period, 70 had experienced intercourse by age 15, and 66 experienced first intercourse at age 16 or older. Chi-square analysis of Age (16, 17, or 18) by Age at First Sex (15- or 16+) by Birth Control Protection (always, sometimes, or never) showed no relationship between current age and birth control use, but a significant relationship between age at first intercourse and current birth control use. The women who were 16 or older at first intercourse were better current contraceptors than their same-age peers who had been 15 or younger at first intercourse. This finding is particularly strong considering that many women who later become conscientious contraceptors experience an initial period of unprotected intercourse. This is a vulnerable time when a woman may be confused about what she is doing, unsure about whether she will have sex enough to warrant a birth control method such as pills or IUD, too uncomfortable with her partner to demand that he use condoms, or perhaps ignorant of the availability of birth control materials. This could have been the case for some of the women in the 16 and older group who were only 16 years old when interviewed. However, since almost all participants were at least 16 years old when interviewed, there were no women in the 15 or younger group who were experiencing this vulnerable phase of sexual involvement. This probably accounts for the fact that the smallest difference in rate of protection was between 16 year olds who had experienced first intercourse just that year, and 16 year olds who had experienced first intercourse by age 15. The largest difference was between the two groups of 17 year olds. Thus, though the women in the 15 or younger group had the advantage of more time to adjust to the reality of their sexual

involvements, to procure contraceptive advice and materials, and to settle on methods with which they were comfortable, they were still less effective current contraceptors than the same-aged women in the 16 and older group.[2]

Follow-up information on a portion of the D.C. and Bellingham participants, most of whom have now graduated from high school, is being gathered. One prediction which we may be able to test with these data is that "open-minded virgins" (those who at first interview were planning or considering premarital sex) who begin having sexual intercourse at an older age will be better birth control users than either the early-active women or the virgins who at the age of 16 or 17 thought that they would never have premarital sex.

The study from which these data come was an exploratory investigation of the determinants of adolescent sexual activity and birth control use, and was not designed specifically to address the issues discussed here. The study indicates, however, that the relationship between early sexual activity and general psychological development needs to be examined more closely. A longitudinal study begun in Fall, 1976, will examine the relationship between psychological maturity and sexual and contraceptive behavior more closely.[3] In it we will try to replicate the findings discussed here using a broader measure of sex role attitudes. Also development in other areas such as cognitive maturity, independence from parents, and resolution of authority conflicts will be examined for its relationship to sexual activity and contraceptive use.

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[2] Data reported by John Kantner (1976) also seem to show the influence of age at first intercourse on current contraceptive protection. He interprets his data differently, however.

[3] Adolescent Development and Contraceptive Use: NICHHD grant #1 R01 HD 09813 01; George Cvetkovich, principal investigator.

In each case, we expect that the more mature the adolescent woman is when she begins having sexual intercourse, the more likely the experience is to enhance rather than impede further development. We also expect that the more mature a woman is at first intercourse, the more likely she is to be an effective contraceptor.

Results of three-way chi-square analysis* of Status
by Sex Role Attitudes by Sexual Liberalism

	Sexual Liberalism							
	Liberals				Conservatives			
	Sex Role Attitudes				Sex Role Attitudes			
	Stereo-typed			Integ-rated	Stereo-typed			Integ-rated
	0-4.00	4.01-5.00	5.01-6.00	6.01-7.00	0-4.00	4.01-5.00	5.01-6.00	6.01-7.00
Status:								
Virgins opposed to premarital sex	0	2	2	0	34	40	10	3
Virgins planning/considering pre-marital sex	2	14	20	15	14	28	15	6
Actives 15 or younger at first intercourse	14	24	12	8	9	10	5	0
Actives 16 or older at first intercourse	19	23	14	8	8	9	0	1

x^2 Summary Table

Source	x^2	df	probability
Total	182.92	31	$< .001$
Status x Sex Role	31.84	9	$< .001$
Status x Liberalism	116.45	3	$< .001$
Sex Role x Liberalism	27.18	3	$< .001$
Status x Sex Role x Liberalism	7.44	9	.592

*See Winer, Statistical Principles in Experimental Design, McGraw-Hill, 1962, pp. 631-632.

Results of three-way chi-square analysis* of Current Age by Age at First Intercourse by Current Birth Control Use

Current Age:	Age at First Intercourse: 15 or younger — Current Birth Control Use: Always	Sometimes	Never	Age at First Intercourse: 16 or older — Current Birth Control Use: Always	Sometimes	Never
16	15	8	9	10	4	4
17	15	11	5	24	3	8
18	5	2	0	11	1	1

x^2 Summary Table

Source	x^2	df	probability
Total	21.57	12	.043
Age x Age first	5.85	2	.054
Age x B/C use	5.91	4	.287
Age first x B/C use	7.00	2	.030
Age x Age first x B/C use	2.81	4	.590

*See Winer, Statistical Principles in Experimental Design, McGraw-Hill, 1962, pp. 631-632.